



PART C—CHARGE TO DEPOSIT ACCOUNT

#585.0-242 B

1. CORRESPONDENCE ADDRESS

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26M2/0510

EE

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
082005.727	01/19/93	015	FLYNN, N	2602 05/10/94
First Named Applicant: LEVINE, MICHAEL R.				

TITLE OF INVENTION

TELEVISION SYSTEM MODULE WITH REMOTE CONTROL CODE DETERMINATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 LVN-023	348-734.000	660	UTILITY	YES	\$585.00	08/10/94
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2a. The following fees are enclosed:

☒ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)

2b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 11-1660

☐ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest for record)

(Date)

7/25/94

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

## PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

## 1. CORRESPONDENCE ADDRESS

21 AUG 1 1994  
PAT & TRADEMARK OFFICE  
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## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/005.727

01/19/93

015

FLYNN, N

2602

05/10/94

First Named Applicant

LEVINE

MICHAEL R. JONES

TITLE OF INVENTION

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BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

2 LVN-023

348-734.000

A60

UTILITY

YES

\$585.00

08/10/94

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 KRASS &amp; YOUNG, P.C.

2

3

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040 1 08005727 00203 08/04/94 242 585.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Smart VCR Limited Partnership

(2) ADDRESS: (CITY &amp; STATE OR COUNTY)

Ann Arbor, Michigan

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Michigan

A. ☐ This application is NOT assigned.☒ Assignment is being previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(ENCLOSED PART C)

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